

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of Indiana

A. The following charges are imposed on those described in 1902(a)(10)(A)(i)(VIII) of the Social Security Act:

Service	Type of Charge Deductible	Coinsurance	Copay	Amount and Basis for Determination
Non-Emergent Emergency Room			X	\$3-\$6 on a sliding scale based on income for non-emergent use of the ER. <ul style="list-style-type: none">• \$3 per visit for those with incomes above the AFDC Income Limit through 100% FPL• \$6 per visit for HIP between 100% and 133% FPL
POWER Account Contribution	X			2%-4% of income, or at least \$100 annually (see chart below). In some cases, individuals may not be required to make the 2-4% of income contribution, such as when premium costs for the CHIP program are subtracted resulting in a zero contribution. In this case, an individual would be required to contribute \$100 annually or \$8.33 monthly. Employers may contribute 50% of the required contribution, and foundations may contribute up to 75% of the contribution. The State funds the remainder of the account to \$1,100 total balance. At end of year, remaining balance from contributions made by the individual carries forward into the next year. The State's contribution carries forward if the individual meets their annual age & gender specific preventive care requirements. No individual contributes more the 4% of income. The POWER Account in combination with the ER copays does not exceed 5% of income. Rollover may reduce contribution to less than \$100.00 annually.

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Approval Date:

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POWER Account contributions:

Annual Household Income	Maximum Power Account Contribution
Enrollees at or below 100% FPL	No more than 2% of income and no less than \$100 annually
Enrollees above 100% through 125% FPL	No more than 3% of income and no less than \$100 annually
Enrollees above 125% through 133% FPL	No more than 4% of income and no less than \$100 annually

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A. The method used to collect cost sharing charges for the categorically needy individuals:

- ER copayment: Providers are responsible for collecting the Emergency Room copayment from individuals for non-emergent care. The reimbursement to the provider is reduced regardless of whether or not the provider is able to collect the copayment.
- POWER Account contribution: Managed care organizations, on behalf of the State, collect the monthly POWER account contributions.

B. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

- ER copayment: Individuals are responsible for paying their required Emergency Room copayment. Uncollected copayments are considered debt to provider.
- POWER account: If an individual has a change in circumstances (income change, number of individuals residing in household, etc.), they can file a change report with the State's eligibility division, requesting a change in the amount owed monthly. Failure to pay POWER account contributions within the 60 day period (30 days plus a 30 day grace period) will result in removal from the program. MCOs conduct outreach to encourage members to make their POWER account contributions; this includes education, outreach and reminders. The MCOs must notify members when the member fails to make a POWER account contribution by the due date. The notice includes an explanation that if the member does not submit the past-due payment within 60 calendar days of the original due date, as well as any subsequent overdue amounts, the member will be terminated from the program.